

PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.  
4800 IDS Center, 80 South Eighth Street  
Minneapolis, Minnesota 55402-2100 USA

## FACSIMILE COVER SHEET

TELEPHONE: (612) 349-5740 TOLL FREE: 1-800 331-4537  
FACSIMILE: (612) 349-9266

TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 8

☐ Original documents to follow by mail

☒ No originals will be sent

DATE: April 4, 2005

TO: Examiner Michael Safavi  
Group Art Unit 3673

FAX #: 1 703-872-9306

PHONE #: 1 703 308 2168

Application No.: 09/862,905  
Applicant: Kasner et al.  
Due Date: April 4, 2005


OUR REF.: 1915.14US03

FROM: Wm. Larry Alexander  
PHONE #: (612) 349-5757

Attached please find the following for filing in the above-identified application.

- (1) Amendment in response to Office Action dated November 5, 2004;
- (2) Petition for Extension of Period for Response for Two (2) months; and
- (3) Amendment Transmittal.

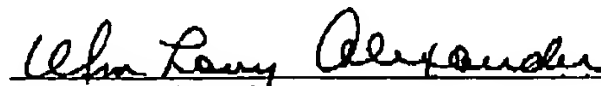
Respectfully submitted,

  
Wm. Larry Alexander  
Registration No. 37,269

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 on the date shown below.

April 4, 2005  
Date

  
Wm. Larry Alexander

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Customer No. 24113  
Patterson, Thucnte, Skaar & Christensen, P.A.  
4800 IDS Center  
80 South 8th Street  
Minneapolis, Minnesota 55402-2100  
Telephone: (612) 349-5740  
Facsimile: (612) 349-9266

Attorney Docket No. 1915.14US03

## AMENDMENT TRANSMITTAL

In re the application of:

Kasner et al.

Confirmation No.: 9685

Application No.: 09/862,905

Examiner: Michael Safavi

Filed: 22 May 2001

Group Art Unit: 3673

For: RIDGE CAP TYPE ROOF VENTILATOR

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

- ☒ Amendment ( 4 pages).  
☒ Petition for Extension of Period for Response.  
☐ \_\_\_\_\_

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total		-	=	x 25	\$		x 50	\$
Indep.		-	=	x 100	\$		x 200	\$
Mult. Dep.			=	+ 180	\$		+ 360	\$
TOTAL					\$	OR	TOTAL	\$


☐ First Presentation of Multiple Dependent Claim (MDC)

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 09/862,905

- ☐ Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- ☒ The Commissioner is hereby authorized to charge \$450.00 payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,


  
Wm. Larry Alexander  
Registration No. 37,269

*Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.*

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4 April 2005  
Date

  
Wm. Larry Alexander